

INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FOR REINSTATEMENT OF ELIGIBILITY

Complete this form if you have been denied Federal Financial Aid and wish to request reinstatement of your Financial Aid based on extenuating or unusual circumstances.

BEFORE SUBMITTING YOUR APPEAL

- You must complete a Free Application for Federal Student Aid (FAFSA) for the semester for which you are requesting reinstatement of financial aid.
- You must be an admitted, degree-seeking student at Lewis-Clark State College.

SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form.
- **Be sure to attach a signed detailed letter of explanation and any supporting documentation (medical records, physician statement, death notice, etc.)**
- Meet with your advisor to review your course schedule for the term you are requesting reinstatement. Register for the **advisor-approved** courses. Attach a copy of your advisor-approved Satisfactory Academic Progress Plan to this appeal form.
- Return your completed appeal form, letter of explanation, supporting documentation, and advisor-approved Satisfactory Academic Progress Plan to: Lewis-Clark State College Financial Aid Office, RCH 110, 500 8th Avenue, Lewiston, ID 83501, or fax to (208)792-2063.
- **DEADLINE:** The Wednesday prior to the first day of the semester for fee payment purposes. **Incomplete appeals will not be reviewed.**

AFTER SUBMITTING YOUR APPEAL

- You will receive an email decision on your appeal.
- If your appeal is approved, you will be placed on a Satisfactory Academic Progress Plan and your eligibility will be reinstated. The Satisfactory Academic Progress Plan is the same as the Satisfactory Academic Progress Plan you submit with your appeal.
- You are responsible for meeting the terms of your Satisfactory Academic Progress Plan. You will be denied future financial aid if you do not meet the terms of your Satisfactory Academic Progress Plan.
- If your appeal is approved, we will continue processing your Financial Aid application. If you have not received a Financial Aid offer, you may be required to submit additional information before an offer will be determined. If you have already received an offer, the funds will be available to you based on the disbursement schedule of Lewis-Clark State College.
- If your appeal is denied, you have the option to appeal to the Vice-President of Student Affairs. If you choose to meet with the Vice-President of Student Affairs, you should electronically schedule an appointment immediately. In the meeting, you will be given an opportunity to explain your appeal further and submit additional information. The Vice President of Student Affairs will make the final decision to approve or deny your appeal.
- **Withdrawing from or failing any or all courses while on a Satisfactory Academic Progress Plan will be considered failing the Satisfactory Academic Progress Plan and result in the loss of financial aid eligibility.**

LEWIS CLARK STATE COLLEGE SATISFACTORY ACADEMIC PROGRESS APPEAL FOR REINSTATEMENT OF ELIGIBILITY

You have been denied financial aid because you did not meet one or more of the Satisfactory Academic Progress requirements. To request reinstatement of your financial aid, you must submit this appeal form, a signed letter of explanation, documentation supporting unusual and/or extenuating circumstances, and your signed advisor-approved Satisfactory Academic Progress Plan to: **Lewis-Clark State College Financial Aid Office, RCH 110, 500 8th Avenue, Lewiston, Idaho 83501**

Student Name: _____ LC State ID#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

You **must** complete all items:

1. Provide the semester for which you are requesting financial aid reinstatement (Enter year)
Fall: _____ Spring: _____ Summer: _____
2. Provide the following:
 - a. Your current degree or certificate objective: _____
 - b. Your current grade level: _____ (e.g. freshman, sophomore, etc.)
 - c. Your anticipated graduation date: _____ (Month, Year)
3. Attach a signed letter detailing the unusual and/or extenuating circumstances which prohibited you from meeting the satisfactory academic progress requirements. Be as specific as possible. You must attach supporting documentation.
4. Meet with your academic advisor to review your course schedule for the term for which you are requesting reinstatement.
5. Register for the advisor-approved courses.
6. Attach your signed advisor-approved Satisfactory Academic Progress Plan, letter of explanation and supporting documentation to this form.

Certification and Contract:

I certify the information contained in this appeal and all supporting documentation is accurate and complete to the best of my knowledge. I understand I may be asked to provide additional documentation. I understand providing false information could result in denial, reduction, and/or immediate repayment of financial aid. If my appeal is approved, I agree to pass all of the courses outlined on my advisor-approved Satisfactory Academic Progress Plan for the approved semester(s), maintain a 2.0 GPA each semester, and have a 2.0 cumulative GPA at the end of my Satisfactory Academic Progress Plan. **Withdrawing from or failing courses while on a Satisfactory Academic Progress Plan will be considered failing the Satisfactory Academic Progress Plan and result in the loss of financial aid eligibility.**

Student Signature: _____ Date: _____

SATISFACTORY ACADEMIC PROGRESS PLAN ELIGIBILITY REINSTATEMENT

Purpose: You have been denied financial aid because you did not meet one or more of the Satisfactory Academic Progress requirements. In order to evaluate if federal financial aid can be reinstated, the LC State Financial Aid Office must verify how many credits, semesters, and cumulative GPA you need to be compliant for the stated degree or certificate objective. Please return this completed form to: **Lewis-Clark State College Financial Aid Office, RCH 110, 500 8th Avenue, Lewiston, Idaho 83501**

Student Name: _____ LC State ID#: _____

Major: _____ Degree or Certificate: _____

Student: With the help of your academic advisor, identify the courses required for your degree and the term during which you will take each course for two or more semesters (general education, major, minor, electives, upper division, etc.).

Academic Advisor: After this plan is completed, please review and sign it verifying you approve the course schedule and all courses listed are needed for the student to graduate.

Anticipated Graduation Date: _____

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

I have met with this student and verify the courses listed above are needed to complete the identified major.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

- I have met with my academic advisor and agree to register for the courses listed. I understand I must have a minimum grade point average (GPA) of 2.0 at the end of each semester and I must have a cumulative 2.0 GPA at the end of my plan.
- **I understand withdrawing from or failing courses while on a Satisfactory Academic Progress Plan will be considered failing the Satisfactory Academic Progress Plan and result in the loss of financial aid eligibility.**

Student Signature: _____ Date: _____